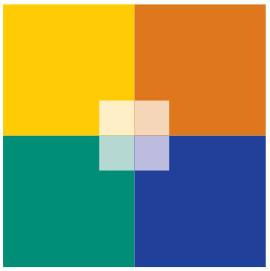
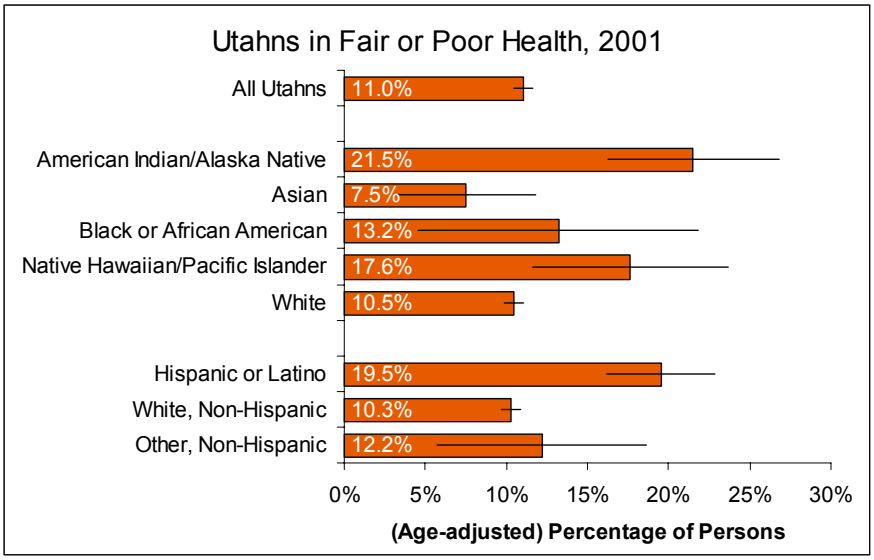
CHRONIC DISEASES AND CONDITIONS



Fair/Poor Health

Why Is It Important?

Self-rated health (SRH) has been collected for many years on National Center for Health Statistics surveys and since 1993 on the state-based Behavioral Risk Factor Surveillance System (BRFSS), and in 2001 on the Utah Health Status Survey. SRH is an independent predictor of important health outcomes including mortality, morbidity, and functional status. It is considered to be a reliable indicator of a person's perceived health and is a good global assessment of a person's well-being.



How Are We Doing?

- In 2001, approximately 11% of Utahns (all ages) reported fair or poor general health status. (A randomly-selected adult reported for all persons living in the household.)
- The percentage of persons who were reported in fair or poor health was higher among American Indian/Alaska Native, Hispanic/Latino, and Native Hawaiian/Pacific Islander Utahns.

How Can We Improve?

One strength of this measure is its ability to get a snapshot of current health status, independent of interaction with the health care or vital statistics systems. It is a measure of overall "wellness," and not merely absence of hospitalizations or deaths. Wellness may be enhanced through lifestyle adaptations, as well as through taking care of chronic health problems. Ensuring access to affordable, high-quality health care services, improving economic opportunity and supportive communities, and awareness of lifestyle changes such as stress reduction, nutrition, and physical activity will all contribute to enhanced well-being.

Percentage of Utahns Who Were in Fair or Poor Health, 2001

Race/Ethnicity	Sample Size	Total Population	Number in Fair/Poor Health	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	24,023	2,233,169	202,189	9.1% (*8.5% - 9.6%*)	11.0% (*10.4% - 11.6%*)	n/a
American Indian/Alaska Native	616	33,733	5,866	17.4% (*12.7% - 22.0%*)	21.5% (*16.2% - 26.8%*)	↑
Asian	306	41,866	1,910	4.6% (*1.7% - 7.5%*)	7.5% (*3.2% - 11.8%*)	
Black or African American	144	23,063	1,880	8.2% (*2.3% - 14.1%*)	13.2% (*4.6% - 21.9%*)	
Native Hawaiian/Pacific Islander	178	17,482	1,354	7.7% (*2.4% - 13.1%*)	17.6% (*11.6% - 23.7%*)	↑
White	21,994	2,117,025	184,602	8.7% (*8.2% - 9.3%*)	10.5% (*9.9% - 11.1%*)	
Hispanic or Latino	1,989	201,559	25,651	12.7% (*10.5% - 15.0%*)	19.5% (*16.2% - 22.8%*)	↑
White, Non-Hispanic	21,124	1,925,711	167,138	8.7% (*8.1% - 9.2%*)	10.3% (*9.7% - 10.9%*)	↓
Other, Non-Hispanic	219	105,899	7,643	7.2% (*3.1% - 11.4%*)	12.2% (*5.7% - 18.6%*)	

Source: UDOH, 2001 Utah Health Status Survey

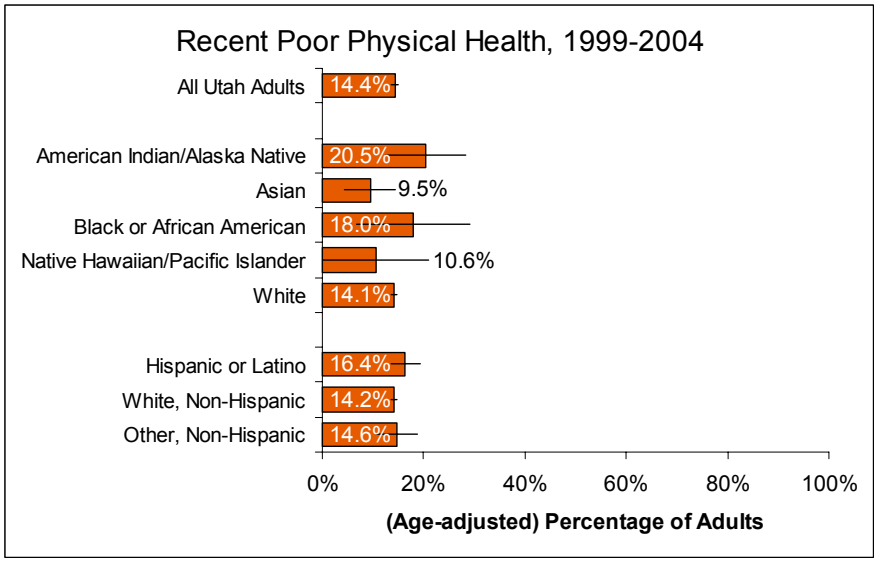
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Physical Health Status

Why Is It Important?

General physical health status is the culmination of all the things that affect a person's health. A person may have had poor health because of an injury, an acute infection such as a cold or flu, or a chronic health problem. This measure can be used to identify health disparities, track population trends, plan public health programs, and measure progress at the state level toward the two major goals of Healthy People 2010: improving the quality and years of healthy life and eliminating health disparities.



How Are We Doing?

- From 1999–2004, an estimated 14.4% of Utah adults reported seven or more days in the past 30 days when their physical health was not good. This percentage has remained fairly constant since 1993, fluctuating between 13.2% and 16.6%.
- Differences by race and ethnicity, while evident, were not statistically significant.

How Can We Improve?

According to the World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[27] One's health is determined by a combination of genetic and biological processes, individual behaviors and lifestyle, and the environments in which people live.

Percentage of Utah Adults (Age 18 or Over) Who Reported Seven or More Days of Poor Physical Health in the Past Month, 1999-2004

Race/Ethnicity	Sample Size	Total Adult Population	# With Poor Phys Hlth	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	22,624	1,514,471	209,436	13.8% (*13.2% - 14.4%*)	14.4% (*13.8% - 14.9%*)	n/a
American Indian/Alaska Native	237	20,137	3,841	19.1% (*12.3% - 25.8%*)	20.5% (*12.6% - 28.4%*)	
Asian	192	30,694	2,865	9.3% (*4.3% - 14.4%*)	9.5% (*4.5% - 14.5%*)	
Black or African American	98	13,401	2,012	15.0% (*5.1% - 24.9%*)	18.0% (*6.8% - 29.2%*)	
Native Hawaiian/Pacific Islander	70	9,653	883	9.1% (*2.1% - 16.2%*)	10.6% (*0.1% - 21.1%*)	
White	21,156	1,440,586	197,930	13.7% (*13.1% - 14.3%*)	14.1% (*13.5% - 14.8%*)	
Hispanic or Latino	1,241	123,364	16,841	13.7% (*11.3% - 16.0%*)	16.4% (*13.6% - 19.3%*)	
White, Non-Hispanic	20,587	1,322,871	182,853	13.8% (*13.2% - 14.4%*)	14.2% (*13.6% - 14.8%*)	
Other, Non-Hispanic	690	68,236	9,665	14.2% (*10.7% - 17.6%*)	14.6% (*10.6% - 18.7%*)	

Source: Behavioral Risk Factor Surveillance System

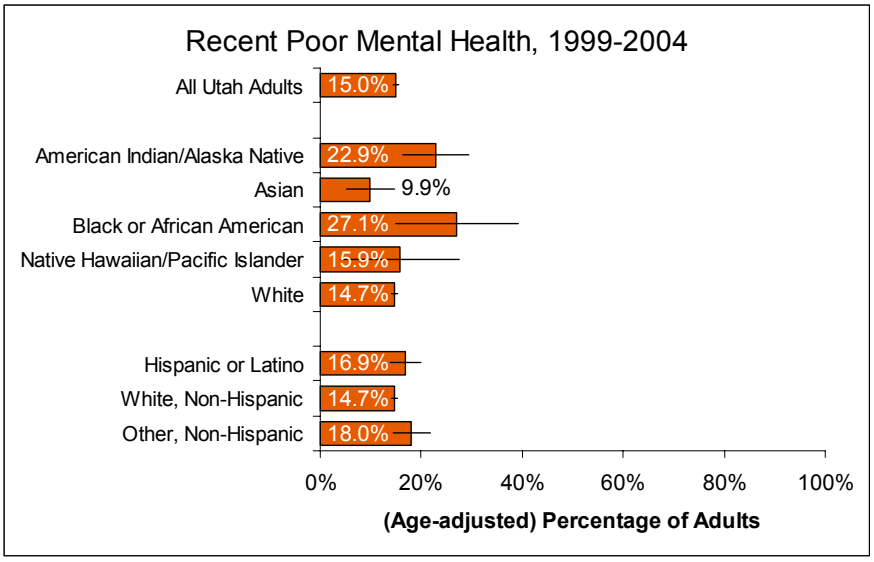
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Mental Health Status

Why Is It Important?

Mental health refers to an individual's ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioral incapacity. Mental health on the Behavioral Risk Factor Surveillance System (BRFSS) survey is measured by the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"



How Are We Doing?

- From 1999–2004, approximately 15% of Utah adults reported seven or more days in the past 30 days when their mental health was not good. This percentage was higher for adults with lower education and income levels, and lower for older adults.
- Among Utah's racial and ethnic communities, the highest incidence of seven or more days of poor mental health was found among Utah's Black/African American (27.1%) and American Indian/Alaska Native (22.9%) populations; both rates were significantly higher than the overall state rate.
- Asian Utahns were less likely to report recent poor mental health (9.9%).

How Can We Improve?

The American Indian/Alaska Native population appears to suffer disproportionately from depression and substance abuse. Minorities have less access to, and availability of, mental health services, so they are less likely to receive needed mental health services. Minorities in treatment often receive a poorer quality of mental health care and are also underrepresented in mental health research.[28]

Percentage of Utah Adults (Age 18 or Over) Who Reported Seven or More Days of Poor Mental Health in the Past Month, 1999-2004

Race/Ethnicity	Sample Size	Total Adult Population	# With Poor Ment Hlth	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	22,632	1,514,471	232,734	15.4% (*14.7% - 16.0%*)	15.0% (*14.3% - 15.6%*)	n/a
American Indian/Alaska Native	238	20,137	5,326	26.4% (*18.9% - 34.0%*)	22.9% (*16.3% - 29.4%*)	↑
Asian	190	30,694	3,598	11.7% (*5.6% - 17.8%*)	9.9% (*5.1% - 14.7%*)	↓
Black or African American	97	13,401	3,758	28.0% (*14.4% - 41.7%*)	27.1% (*15.0% - 39.2%*)	↑
Native Hawaiian/Pacific Islander	70	9,653	1,716	17.8% (*6.8% - 28.8%*)	15.9% (*4.2% - 27.5%*)	
White	21,177	1,440,586	216,481	15.0% (*14.4% - 15.7%*)	14.7% (*14.1% - 15.3%*)	
Hispanic or Latino	1,243	123,364	20,457	16.6% (*13.9% - 19.3%*)	16.9% (*14.0% - 19.8%*)	
White, Non-Hispanic	20,600	1,322,871	198,934	15.0% (*14.4% - 15.7%*)	14.7% (*14.1% - 15.4%*)	
Other, Non-Hispanic	688	68,236	14,081	20.6% (*16.4% - 24.9%*)	18.0% (*14.4% - 21.7%*)	

Source: Behavioral Risk Factor Surveillance System

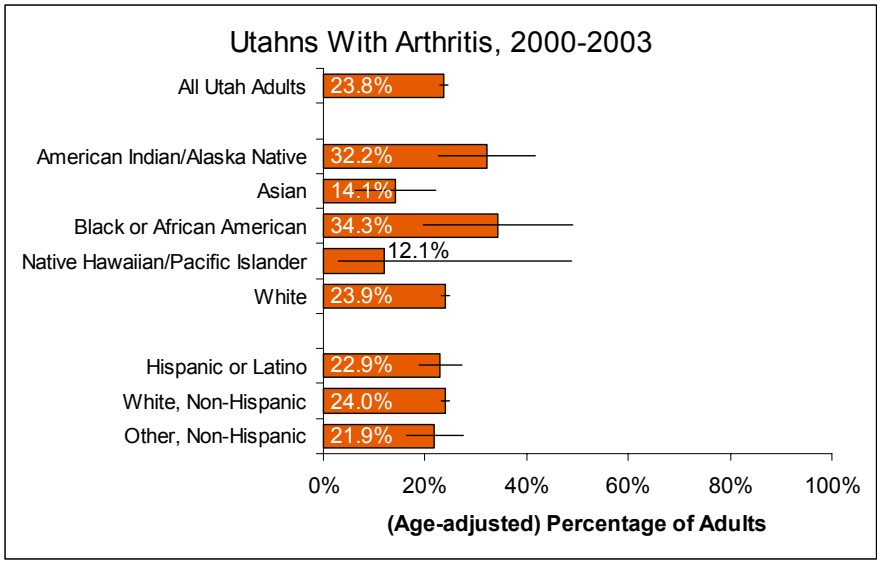
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Arthritis Prevalence

Why Is It Important?

In 2003, 26.7% of American adults reported doctor-diagnosed arthritis, making arthritis one of the nation's most common health problems. Arthritis also limits everyday activities for 8 million Americans and is the nation's leading cause of disability. Arthritis is not just an old person's disease. Nearly two thirds of people with arthritis are younger than 65. Arthritis affects children and people of all racial and ethnic groups; however, it is more common among women and older adults.



How Are We Doing?

- From 2000 to 2003 the Utah Behavioral Risk Factor Surveillance System (BRFSS) Survey showed that 23.8% of Utah adults 18 and older reported being told by a doctor or other health care professional that they had arthritis. The rates for doctor-diagnosed arthritis were higher for women in every age group.
- Rates of arthritis were somewhat higher for Utah's Black/African American and American Indian/Alaska Native populations, and lower among Native Hawaiian/Pacific Islander and Asian groups, the latter being significantly higher. Analyses of data from Utah's Hispanic/Latino population indicates that risk factors for arthritis include being female, older, and having hypertension or diabetes.

How Can We Improve?

These disparities may be reduced by increasing participation in physical activity and in evidenced-based arthritis programs implementing language and culture-appropriate interventions for and establishing partnerships with the Utah's race and ethnic communities.

Percentage of Utah Adults (Age 18 or Over) Who Reported Having Arthritis, 2000-2003

Race/Ethnicity	Sample Size	Total Adult Population	# With Arthritis	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	14,490	1,514,471	326,105	21.5% (*20.7% - 22.4%*)	23.8% (*22.9% - 24.6%*)	n/a
American Indian/Alaska Native	129	20,137	5,046	25.1% (*15.6% - 34.5%*)	32.2% (*22.5% - 41.8%*)	
Asian	118	30,694	2,944	9.6% (*3.9% - 15.3%*)	14.1% (*6.3% - 22.0%*)	↓
Black or African American	65	13,401	3,766	28.1% (*13.2% - 43.0%*)	34.3% (*19.6% - 49.0%*)	
Native Hawaiian/Pacific Islander	46	9,653	410	4.2% (*1.1% - 16.1%*)	12.1% (*3.0% - 48.8%*)	
White	13,546	1,440,586	319,503	22.2% (*21.3% - 23.1%*)	23.9% (*23.1% - 24.8%*)	
Hispanic or Latino	765	123,364	17,729	14.4% (*11.3% - 17.4%*)	22.9% (*18.7% - 27.1%*)	
White, Non-Hispanic	13,225	1,322,871	296,062	22.4% (*21.5% - 23.3%*)	24.0% (*23.1% - 24.9%*)	
Other, Non-Hispanic	424	68,236	10,846	15.9% (*11.4% - 20.3%*)	21.9% (*16.3% - 27.5%*)	

Source: Behavioral Risk Factor Surveillance System

Note: Arthritis was defined as joint symptoms present on most days for at least one month during the past 12 months and/or doctor-diagnosed arthritis. The artiritis questions changed slightly in 2002.

*Age adjusted to the U.S. 2000 standard population

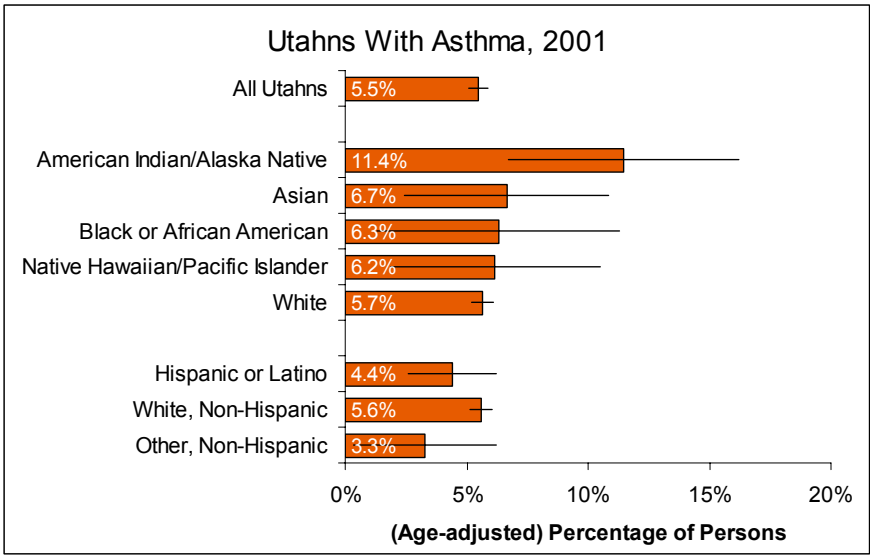
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Utah Arthritis Program, UDOH, Telephone: 801-538-9291, Fax: 801-538-9495

Asthma Prevalence

Why Is It Important?

Asthma is a serious personal and public health issue that has far reaching medical, economic, and psychosocial implications. The burden of asthma can be seen in the number of asthma-related medical events, including emergency department visits, hospitalizations, and deaths.



How Are We Doing?

- According to the 2001 Utah Health Status Survey, 5.5% of Utahns were reported to have had asthma.
- Asthma incidence among Utah's American Indian/Alaska Native (11.4%) population was twice the rate found among Utahns, overall.

How Can We Improve?

The relationship between prevalence, hospitalization, and mortality rate for ethnic communities is not clear. It is speculated risk factors such as environmental triggers and poor access to health care may be more prevalent among ethnic communities.

The reduction of asthma-related disparities should involve the development of effective intervention programs targeted towards ethnic disparities, including families with asthmatic children, schools, health care organizations, and policy makers. Health educators can implement a culturally relevant model that utilizes research findings and involves community participation in the development of educational approaches to address disparities. The educational approaches should address issues involving equity of medication management according to the National Asthma Education and Prevention Guidelines for the Diagnosis and Management of Asthma.

Percentage of Utahns Who Were Under Medical Care for Asthma, 2001

Race/Ethnicity	Sample Size	Total Population	# With Asthma	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	24,088	2,233,169	117,585	5.3% (*4.9% - 5.7%*)	5.5% (*5.1% - 5.9%*)	n/a
American Indian/Alaska Native	616	33,733	3,478	10.3% (*6.4% - 14.2%*)	11.4% (*6.7% - 16.2%*)	↑
Asian	306	41,866	2,365	5.6% (*1.9% - 9.4%*)	6.7% (*2.4% - 10.9%*)	
Black or African American	144	23,063	1,379	6.0% (*1.8% - 10.1%*)	6.3% (*1.3% - 11.3%*)	
Native Hawaiian/Pacific Islander	178	17,482	835	4.8% (*1.4% - 8.2%*)	6.2% (*1.9% - 10.5%*)	
White	22,044	2,117,025	116,337	5.5% (*5.1% - 5.9%*)	5.7% (*5.2% - 6.1%*)	
Hispanic or Latino	1,994	201,559	6,742	3.3% (*2.3% - 4.4%*)	4.4% (*2.6% - 6.2%*)	
White, Non-Hispanic	21,174	1,925,711	105,107	5.5% (*5.0% - 5.9%*)	5.6% (*5.2% - 6.1%*)	
Other, Non-Hispanic	219	105,899	4,961	4.7% (*0.7% - 8.7%*)	3.3% (*0.3% - 6.2%*)	

Source: UDOH, 2001 Utah Health Status Survey

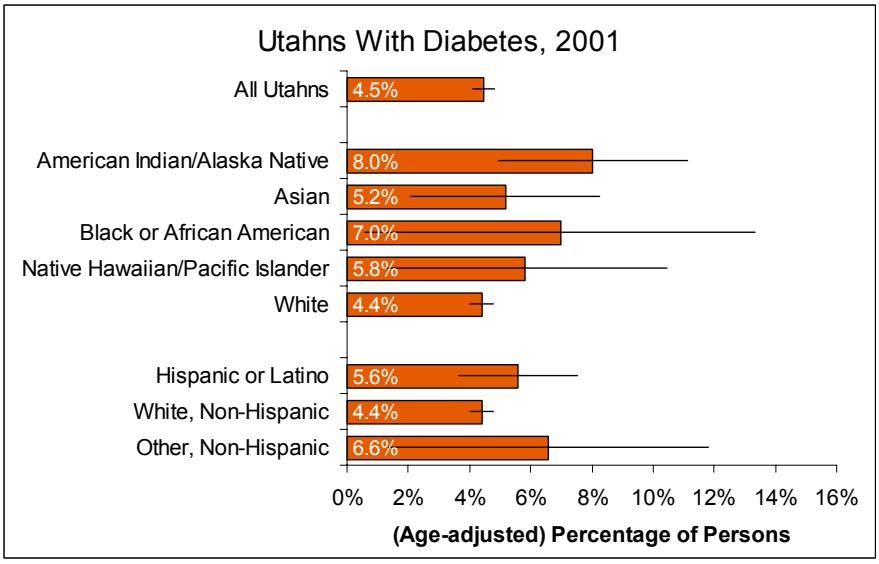
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Diabetes Prevalence

Why Is It Important?

Diabetes is a disease that can have devastating consequences, such as heart disease, lower-extremity amputations, blindness, and kidney disease. It has reached epidemic levels in the U.S., and about 17 million Americans have diabetes. Unfortunately, many who have diabetes are unaware they have it and are not receiving care for it.



How Are We Doing?

- In 2001, 4.5% of Utahns were estimated to have had diabetes diagnosed by a doctor.
- Diabetes prevalence was nearly double the state rate among Utah's American Indian/Alaska Native population (8.0%), and higher (although not statistically significantly higher) among other racial and ethnic populations as well.

How Can We Improve?

Members of minority racial or ethnic groups have an excess risk of developing diabetes, reduced access to care, and high rates of complications. The disparity in care received by minority members is pronounced in Utah, particularly for the Hispanic/Latino population, where the higher diabetes prevalence was found among adults aged 35 or over.[1]

To improve accessibility to care, the Diabetes Prevention and Control Program developed a manual for health care providers listing resources tailored for minority groups. The program also provides patient manuals for self-care in a number of languages. It works closely with community health centers and Native American clinics to provide support and culturally appropriate education for providers who work with minority populations.

Percentage of Utahns Who Had Been Diagnosed With Diabetes, 2001

Race/Ethnicity	Sample Size	Total Population	# With Diabetes	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	24,088	2,233,169	77,600	3.5% (*3.2% - 3.8%*)	4.5% (*4.1% - 4.8%*)	n/a
American Indian/Alaska Native	616	33,733	2,102	6.2% (*3.7% - 8.8%*)	8.0% (*5.0% - 11.1%*)	↑
Asian	306	41,866	1,434	3.4% (*1.3% - 5.6%*)	5.2% (*2.1% - 8.3%*)	
Black or African American	144	23,063	864	3.7% (*0.0% - 7.5%*)	7.0% (*0.6% - 13.4%*)	
Native Hawaiian/Pacific Islander	178	17,482	787	4.5% (*1.2% - 7.8%*)	5.8% (*1.2% - 10.4%*)	
White	22,044	2,117,025	74,644	3.5% (*3.2% - 3.8%*)	4.4% (*4.0% - 4.8%*)	
Hispanic or Latino	1,994	201,559	4,750	2.4% (*1.6% - 3.2%*)	5.6% (*3.7% - 7.5%*)	
White, Non-Hispanic	21,174	1,925,711	68,944	3.6% (*3.3% - 3.9%*)	4.4% (*4.0% - 4.8%*)	
Other, Non-Hispanic	219	105,899	3,627	3.4% (*0.5% - 6.4%*)	6.6% (*1.3% - 11.8%*)	

Source: UDOH, 2001 Utah Health Status Survey

*Age adjusted to the U.S. 2000 standard population

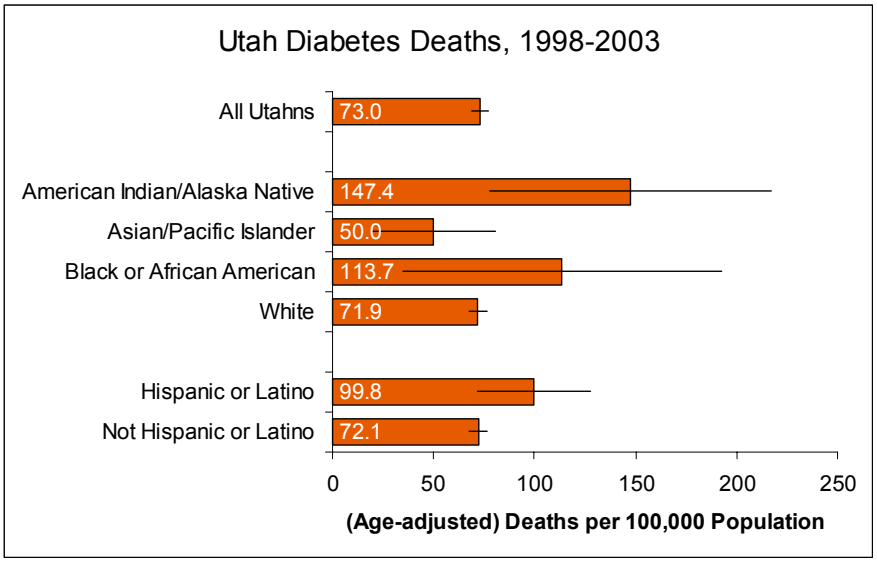
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Diabetes Prevention and Control Program, UDOH, Phone: 801-538-6141, Fax: 801-538-9495

Diabetes Deaths

Why Is It Important?

Diabetes is the sixth leading cause of death in the U.S. and in Utah. As diabetes prevalence continues to grow, the death rate for diabetes will increase.



How Are We Doing?

- Diabetes is often underreported on death certificates. Nevertheless, in 2003, diabetes was listed as the underlying cause for over 500 deaths, or about one of every 26 deaths in Utah. From 1998–2003, Utah's diabetes death rate was 73.0 per 100,000 population.
- The diabetes death rate among Utah's American Indian/Alaska Native population was double the population average, at 147.4 deaths per 100,000 population.

How Can We Improve?

Death rates could be reduced with aggressive management techniques, including regular routine check-ups, regular screening for complications, consistent self-monitoring of blood sugar, regular exercise, maintaining a healthy weight, and abstaining from tobacco use. It is critical for persons with diabetes to have unrestricted access to effective medical care.

Utah Diabetes Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	1,111	2,233,169	49.7 (*46.8 - 52.7*)	73.0 (*68.7 - 77.3*)	n/a
American Indian/Alaska Native	17	33,733	50.9 (*26.8 - 75.0*)	147.4 (*77.7 - 217.1*)	↑
Asian/Pacific Islander	11	59,348	17.7 (*7.0 - 28.4*)	50.0 (*19.8 - 80.3*)	
Black or African American	8	23,063	34.8 (*10.7 - 58.8*)	113.7 (*35.0 - 192.4*)	
White	1,063	2,117,025	50.2 (*47.2 - 53.3*)	71.9 (*67.6 - 76.2*)	
Hispanic or Latino	49	201,559	24.3 (*17.5 - 31.2*)	99.8 (*71.9 - 127.7*)	
Not Hispanic or Latino	1,062	2,031,610	52.3 (*49.1 - 55.4*)	72.1 (*67.8 - 76.5*)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 code 250 or ICD-10 codes E10-E14 as underlying or contributing causes; ICD-9 and ICD-10 adjusted for comparability.

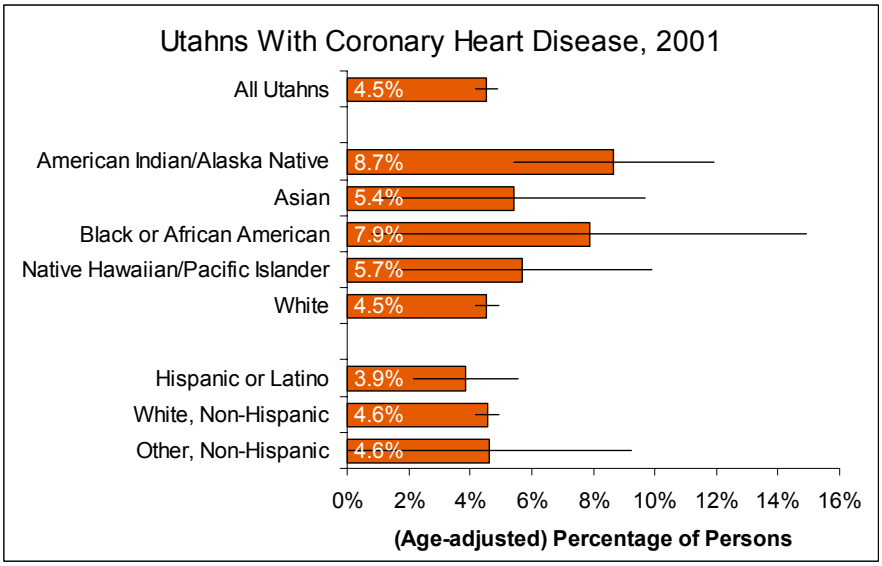
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Coronary Heart Disease Prevalence

Why Is It Important?

Coronary heart disease is the leading cause of death both in Utah and the U.S. Heart disease often is not diagnosed or recognized until a person has a coronary event, such as a heart attack or chest pain. Many persons living with coronary heart disease have suffered damage to the heart muscle and have limitations to their activities as a result. Most will be required to make lifestyle adjustments to prevent a future heart attack.



How Are We Doing?

- In 2001, 4.5% of Utahns indicated that they had been diagnosed with coronary heart disease.
- Coronary heart disease prevalence is higher among Utah's American Indian/Alaska Native (8.7%) and Black/African American (7.9%) populations, the former being significantly higher.

How Can We Improve?

The Alliance for Cardiovascular Health in Utah has developed a plan to prevent or delay onset of heart disease and stroke, and promote heart health. This plan was published in the fall of 2002 and is available upon request from the Heart Disease and Stroke Prevention Program at the Utah Department of Health. Patient education resources and self-management programs are available to providers to assist their patients in reducing their risks for coronary heart disease.

Percentage of Utahns Who Had Been Diagnosed With Heart Disease, 2001

Race/Ethnicity	Sample Size	Total Population	# With Heart Disease	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	24,088	2,233,169	73,643	3.3% (*3.0% - 3.6%*)	4.5% (*4.1% - 4.9%*)	n/a
American Indian/Alaska Native	616	33,733	1,939	5.7% (*3.1% - 8.4%*)	8.7% (*5.4% - 11.9%*)	↑
Asian	306	41,866	1,324	3.2% (*0.5% - 5.8%*)	5.4% (*1.1% - 9.7%*)	
Black or African American	144	23,063	1,076	4.7% (*0.4% - 8.9%*)	7.9% (*0.8% - 14.9%*)	
Native Hawaiian/Pacific Islander	178	17,482	323	1.8% (*0.6% - 6.0%*)	5.7% (*1.5% - 9.9%*)	
White	22,044	2,117,025	72,777	3.4% (*3.1% - 3.8%*)	4.5% (*4.2% - 4.9%*)	
Hispanic or Latino	1,994	201,559	3,090	1.5% (*0.9% - 2.2%*)	3.9% (*2.1% - 5.6%*)	
White, Non-Hispanic	21,174	1,925,711	67,571	3.5% (*3.2% - 3.8%*)	4.6% (*4.2% - 4.9%*)	
Other, Non-Hispanic	219	105,899	2,620	2.5% (*0.8% - 7.9%*)	4.6% (*0.0% - 9.2%*)	

Source: UDOH, 2001 Utah Health Status Survey

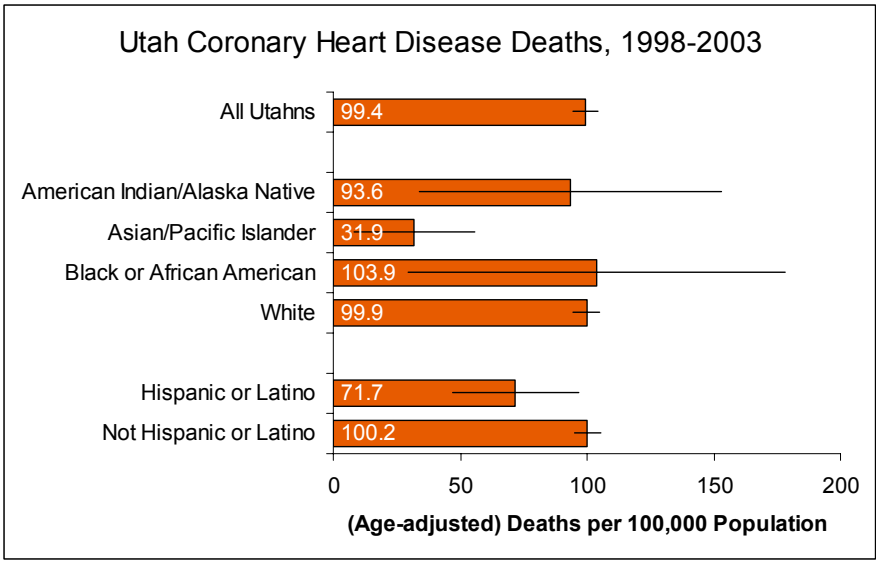
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Coronary Heart Disease Deaths

Why Is It Important?

Coronary heart disease (CHD), resulting from blockage of the arteries that provide blood to heart muscle, is the leading cause of death in Utah. Prevention of CHD is the key to reducing mortality from heart disease.[29]



How Are We Doing?

- Utah's 1998–2003 age-adjusted CHD death rate was 99.4 per 100,000 population. Utah's CHD death rate has declined steadily for several decades, but appears to have leveled-off.
- The CHD death rate among Utah's combined Asian and Pacific Islander populations and Hispanic/Latino population were significantly lower than the overall state rate (31.9 and 71.7 per 100,000 population, respectively).

How Can We Improve?

There is still room for improvements to lifestyle risk factors among Utahns. Quitting smoking is the most important thing an individual can do to prevent coronary heart disease. Maintaining proper body weight, getting regular physical exercise, and regular screening for high blood pressure and cholesterol are also key prevention activities.

Deaths from coronary heart disease may also be prevented by seeking medical help immediately in the event of a heart attack. Individuals should know the warning signs of heart attack and call for emergency medical transport so that prompt medical treatment (on the way to the hospital) may be given.

Utah Coronary Heart Disease Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	1,490	2,233,169	66.7 (*63.3 - 70.1*)	99.4 (*94.3 - 104.4*)	n/a
American Indian/Alaska Native	9	33,733	28.2 (*10.3 - 46.1*)	93.6 (*34.1 - 153.0*)	
Asian/Pacific Islander	7	59,348	11.5 (*2.9 - 20.1*)	31.9 (*8.0 - 55.8*)	↓
Black or African American	7	23,063	32.5 (*9.2 - 55.8*)	103.9 (*29.5 - 178.3*)	
White	1,459	2,117,025	68.9 (*65.4 - 72.5*)	99.9 (*94.7 - 105.0*)	
Hispanic or Latino	32	201,559	15.8 (*10.3 - 21.3*)	71.7 (*46.8 - 96.6*)	↓
Not Hispanic or Latino	1,458	2,031,610	71.8 (*68.1 - 75.5*)	100.2 (*95.1 - 105.4*)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes 402, 410-414, 429.2; ICD-10 codes I20-I25, I11; ICD-9 and ICD-10 adjusted for comparability.

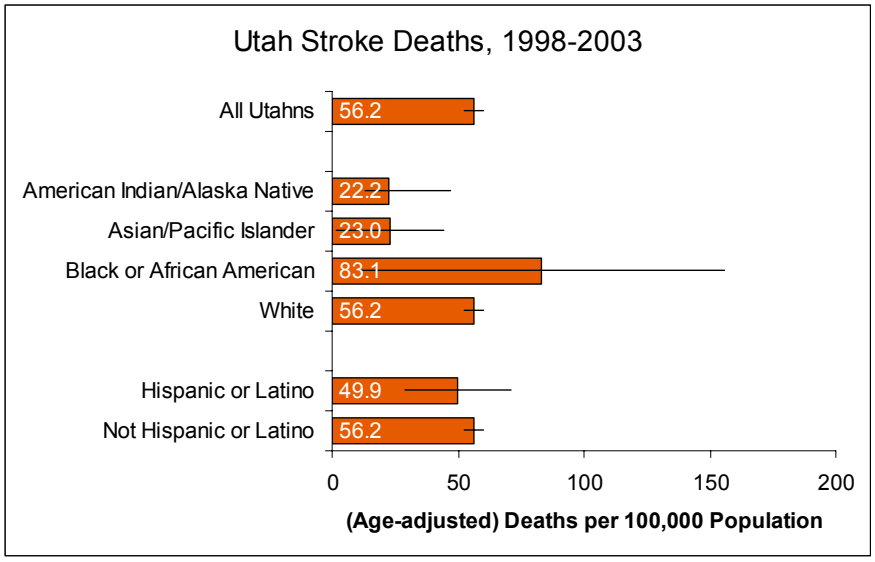
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Stroke Deaths

Why Is It Important?

Stroke, the death of brain tissue usually resulting from artery blockage, is the third leading cause of death in Utah, behind heart disease and cancer. About 600,000 people in the U.S. suffer a new or recurrent stroke each year.[30] Stroke is a leading cause of long-term disability.[30]



How Are We Doing?

- Utah's age-adjusted stroke death rate from 1998–2003 was 56.2 per 100,000 population. Death rates for stroke have generally declined in recent decades. Much of this decline can be attributed to control of high blood pressure.
- Death rates for stroke over the same time period were lower in Utah's American Indian/Alaska Native (22.2 per 100,000) and combined Asian/Pacific Islander (23.0 per 100,000) populations.

How Can We Improve?

A spring '05 public awareness campaign has been designed to increase Utahns' knowledge of signs and symptoms of stroke and that stroke is a 911 medical emergency. Patient education resources are available to providers as part of the campaign. The Heart Disease and Stroke Prevention Program sponsors 20 Utah hospitals to participate in the American Heart Association "Get with the Guidelines for Stroke" Program[31] to enhance identification and treatment of stroke in hospitals. High blood pressure self-management tools are available to health care facilities to enhance patient control of high blood pressure.

Utah Stroke Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	829	2,233,169	37.1 (*34.6 - 39.7*)	56.2 (*52.3 - 60.0*)	n/a
American Indian/Alaska Native	3	33,733	7.5 (*4.1 - 12.4*)	22.2 (*13.2 - 47.0*)	↓
Asian/Pacific Islander	5	59,348	7.7 (*0.6 - 14.7*)	23.0 (*1.9 - 44.1*)	↓
Black or African American	5	23,063	21.9 (*2.8 - 41.1*)	83.1 (*10.7 - 155.6*)	
White	810	2,117,025	38.3 (*35.6 - 40.9*)	56.2 (*52.3 - 60.1*)	
Hispanic or Latino	22	201,559	10.7 (*6.2 - 15.2*)	49.9 (*28.8 - 70.9*)	
Not Hispanic or Latino	808	2,031,610	39.8 (*37.0 - 42.5*)	56.2 (*52.4 - 60.1*)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes 430-434, 436-438; ICD-10 codes I60-I69; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Heart Disease and Stroke Prevention Program, Utah Department of Health, 801-538-6142